

2082

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/588148

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/					151						
102		/					152						
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148							198						
149							199						
150							200						
TOTAL IND.	5	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	39	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	44						TOTAL CLAIMS						